

<b>Department of Homeland Security</b> U. S. Coast Guard USCG D-8 SPO (09/05)		<h2 style="text-align: center;">DESIGNATED PLACE</h2> <h2 style="text-align: center;">REPORTING (MBR/DEPNS)</h2>	
EMPLID	Name (Last, First, MI)		Permanent Unit
<b>PURPOSE:</b> Use this form to indicate changes in mode of travel, TAD, and requested advances; changes in dependency, pay delivery, state or federal tax withholdings; updating allotments, ID cards, and to update your mailing address. If you have <b>any</b> questions, <b>TALK TO YOUR YEOMAN</b> . TELEPHONE # (    )-    -			
<h3 style="text-align: center;">WHAT IS YOUR NEW MAILING *ADDRESS, PHONE AND EMAIL?</h3> <p style="text-align: center;">PERSRU will use this information to update block 22 of your LES (you can also use Direct Access self-service to enter these changes)</p> <p style="text-align: center;"><b>Please Print or Type Legibly</b></p>			
Address:		Apt/Lot #:	
City:		State:	Zip Code (+ 4)
Home Number:	Work Phone:	Other Phone	Phone type
Primary Email Address:		Home/Internet Email Address:	
<b>Date Reported:</b> m/d/yyyy		<b>Time Reported:</b>	
<b>Yes</b>	<b>No</b>	<b>Answer the questions below.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Did you travel as directed on your orders? (If no, explain the changes)	
<input type="checkbox"/>	<input type="checkbox"/>	Effective date of Designated Place: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have your HHG's been delivered? If yes when _____	
<input type="checkbox"/>	<input type="checkbox"/>	Request Higher BAH rate: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to change where or how you receive your pay?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want a pay advances? 1/2 months or specified amount	
<input type="checkbox"/>	<input type="checkbox"/>	Are you changing your state or federal tax withholding or do you need to resume state tax collection due to residing in your legal state of residence? (If yes, contact your yeoman for specific state withholding procedures). You can change your federal and state tax withholdings in Direct Access. However only the PERSRU can enter your exemption from state taxes if you are eligible.	
Member's Signature		Date:	For PERSRU Use Only
Command Approval		Date:	Action Completed Date: _____ Initials: _____

\*\*Members with dependents complete page 2\*\*

<b>Department of Homeland Security</b> U. S. Coast Guard USCG D-8 SPO (09/05)		<b>DEPENDENT DESIGNATED</b>  <b>PLACE REQUEST</b>	
EMPLID	Name (Last, First, MI)	Permanent Unit	
<b>MEMBER COMPLETE THIS SECTION</b>			
<b>PURPOSE:</b> Use this form to request entitlements and provide information needed for completion of Official Travel Orders. If you have any questions, <b>ASK YOUR YEOMAN. Please print legibly.</b>			
Safe Haven	Date to report	or date to depart	
<b>DEPENDENTS TRAVELING</b>			
<b>Dependent Name</b>	<b>Relationship</b>	<b>DOB/DOM</b>	
Date dependents traveled: _____			
<b>Travel Method:</b>		<b>Remarks:</b>	
1. _____			
2. _____			
3. _____			
<b>REQUEST FOR ADVANCES</b>			
<b>Request for Advances:</b>	<input type="checkbox"/> Advance Pay	# months requested (request specific amt up to 2 months)	
	<input type="checkbox"/> Advance DLA	*Advance Dislocation Allowance (DLA) <b>Note:</b> Single members must obtain certification that gov't qtrs are not available	
	<input type="checkbox"/> Government Procured Transportation Depns	From	To
<b>HOUSE HOLD GOODS</b>			
<b>Household Goods:</b>  <input type="checkbox"/> Contact your servicing Transportation Officer (T.O.P.S site) to arrange for shipment of household goods and/or discuss your options. <input type="checkbox"/> I request government shipment of household goods. <input type="checkbox"/> I request a self-procured move. <input type="checkbox"/> I request a dity move.			

**Privacy Act Statement**

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771.

Principal Purpose(s) - Used to indicate member's intentions during travel to next permanent duty station. Routine Uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member may not receive advances.

Member's Signature	Date:
Supervisor's Signature	Date:
Department Head's Signature	Date:
Command Approval	Date:

Department of Homeland Security U.S. Coast Guard CG PSC-2025A (Rev – 01/06)		<b>BASIC ALLOWANCE FOR HOUSING (BAH) PROTECTION WORKSHEET</b>	
EMPLID	Name (last, first, MI)	Current Permanent Unit	
Purpose: Use this worksheet to request BAH for a location other than the permanent duty station (PDS).			
Permanent Change of Station (PCS) orders received to (complete address):			
I (have) (have not) reported to my new unit. My reporting date is:			
<b>Dependency status: I am presently a member:</b>			
_____ With Dependents		_____ Without Dependents	
_____ With Dependents		_____ Without Dependents	
(Spouse on active duty, but I claim our dependent(s) for BAH)		(Spouse on active duty, no other dependents)	
<b>My current BAH entitlement is (see latest Leave and Earning Statement):</b>			
_____ BAH With Dependents		_____ BAH Without Dependents	
_____ BAH With Dependents Based on Payment of Child Support		_____ BAH Partial	
_____ Not receiving BAH. Assigned to CG/DOD government owned/leased quarters		_____ BAH DIFF	
<b>BAH Rate Protection is requested for (Select only one):</b>			
_____ PCS orders issued with no PCS travel and transportation entitlements			
_____ PCS orders to an Unusually Arduous Sea Duty Vessel			
_____ PCS orders to a ship operating OCONUS for a period of one year or more (with dependents only*)			
_____ PCS orders to a unit in a Critical Housing Area (with dependents only*)			
_____ PCS orders to a Professional Education or Training location for less than 12 months. (with dependents only*)			
_____ PCS orders to a dependent-restricted duty station (with dependents only*)			
_____ Other PCS order situation requesting a determination. Use remarks block to explain.			
<b>*Not applicable to members who receive BAH with dependents based on payment of child support.</b>			
<b>BAH Rate Protection Requested for:</b>			
_____ Previous duty station		_____ designated place	
<b>Housing Information. Current residence location:</b>			
Address _____			
City _____		State _____	Zip Code _____
<b>If BAH is requested for a designated place, address and effective date my dependent(s) will begin residing at this location (if different from above address):</b>			
Address _____			
City: _____		State _____	Zip Code _____
Effective date: _____			

*Continued on Reverse*

**Travel Information (From residence to current and new duty station locations).**

If BAH protection is for receipt of no entitlement PCS orders, the round trip commute from my residence

location to my current Permanent Duty Station (PDS) is \_\_\_\_\_ miles, and a

travel time of \_\_\_\_\_ hour(s) and \_\_\_\_\_ minutes. The round trip commute from my residence location

to my new Permanent Duty Station (PDS) location is \_\_\_\_\_ miles, and a travel time of \_\_\_\_\_ hour(s)

and \_\_\_\_\_ minutes.

**Note: If no entitlement PCS orders are received, do not submit this worksheet if a residence relocation is executed either before or after the PCS reporting date to the new duty station.**

**CONUS COLA entitlement:**

1. If BAH is authorized for a previous duty station location, CONUS COLA, by law, cannot be paid for the previous duty station location, only for the new duty station or the dependent's location.

2. If BAH is authorized for a designated place, the BAH and CONUS COLA rates will be based on the designated place.

**Remarks**


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**(If necessary, continue remarks on separate sheet).**

Member's Initials \_\_\_\_\_: I apply for BAH protection based on the information I have completed on this worksheet. I certify that the information is true to the best of my knowledge. If I am approved for BAH protection by Commandant (CG-1222), I understand the protection remains in effect until I execute a PCS from my Permanent Duty Station, retire, resign, discharge, my dependency status changes, or I and/or my dependents (if with dependents) relocate my/their residence out of the Military Housing Area (MHA) for which BAH protection is based. I will promptly notify my Servicing Personnel Office (SPO) if any of these conditions occur. I also understand, after reporting to my duty station, if the BAH rate for my duty station becomes higher than the rate I am protected at, I may not submit another request to Commandant (CG-1222) to have my BAH based on my duty station location.

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**In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard – 10 USC Section 2771, Principal Purpose(s) – Used to indicate member's intentions during travel to next permanent duty station. Routine Uses – Same. Disclosure – Disclosure of this information if voluntary, but without disclosure the member's request may not be approved.**

<b>Member's Signature</b>	<b>Date</b>	<b>Submission of this worksheet:</b> <b>Fax to (202)267-4823</b> <b>Mail to: Commandant (CG-1222)</b> <b>U.S. Coast Guard, RM 5500</b> <b>2100 2<sup>nd</sup> St S.W.</b> <b>Washington, DC 20593-0001</b>  <b>For questions submit e-mail to:</b> <b>COMPENSATION@COMDT.USCG.MIL</b>
<b>Command Approval</b>	<b>Date</b>	